Advance Represession 151 I Street TY Sacramento			CB/ID NUMBE		SSAN OR EN	PLOYEE NUM	BER		DEPARTME	NT			<u> </u>			
Advance Represession 151 I Street TY Sacramento	entive		CB/ID NUMBE			SSAN OR EMPLOYEE NUMBER DEPARTM				Page 1 of 1						
Advance Represented Advance Represented Advance Represented Advance Represented Advance Represented Advance Represented Represented Advance Represented Represente		-	John Homb	Clark Blanchard POSITION CBAID NUMBER						Governor's Office						
Sacramento		-	STURE OF CONTROL OF CO					DIVISION OR BUREAU					INDEX NUMBER			
Sacramento	STATE	Advance Representive						Advance HEADQUARTERS ADDRESS					TELEPHONE NUMBER			
Sacramento	STATE						State Capitol					916-445-6400				
					CITY				STATE 910-44.			ZIP				
2000 000000 0000	Sacramento CA			95816		Sacramento			CA			95814				
				MEALS			TF	RANSPORTAT	TION							
MONTH/YEAR LOCATION									CARFARE,			BUSINESS	TOTAL			
	WHERE EXPENSES		BREAKFAST	LUNCH	DINNER	INCIDENTALS	COST OF	TYPE USED	TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSE			
DATE TIME	WERE INCURRED									MILES	AMOUNT		FOR DAY			
19-Mar 530a-830p	Sac/LA/Sac		/ 6.00	19.00	14.81		✓ _{279.20}	Air	44.08	24	10.68		364.7			
				/							0.00					
											0.00		0.0			
					-						0.00		0.0			
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				-							0.00		0.0			
											0.00		0.00			
SUBTOTALS 0 00		6.00	10.00	14.81	0.00	279.20	0.00	44.08	24	10.68	0.00					
COLUMN CODE (ACCTG. USE ONLY)							4500					1 12	Market 1			
CLAIM TOTAL										354	77	-\$364	1.77			
	P, REMARKS AND			ceipts wh	en require	ed)				NORMAL W	ORK HOU	RS				
dvance for PO	rus town hall eve	ent in LA	•						-	DDIVATE	5,00,5,0					
Return time ref	ects flight delay in	n Burban	k due to	weather.						PRIVATE V	EHICLE LII SPGJ014	CENSE NU	MBER			
										MILEAGE R		MED				
	_						····		İ	AGENCY ACCOUNTING OFFICE						

greater than the rate claimed and that I have met the requirements as prescribed by SAM Sections 0750, 0751,0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage

3.20.09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES